

THE MEDICAL AND SURGICAL REPORTER.

No. 451.]

PHILADELPHIA, OCTOBER 21, 1865. [Vol. XIII.—No. 17.

ORIGINAL DEPARTMENT.

Communications.

ACCOUNT OF THE CHOLERA IN CONSTANTINOPLE.

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(From the "Gazette Médicale d'Orient," Constantinople—for August, 1865.)

It will be useful at the present time to cast a retrospective glance at the origin of the epidemic of cholera which rages at the present time in our city.

Those physicians who have followed with attention the epidemics which have spread through Europe during the last twenty-four years, and who have considered the numerous papers which appeared everywhere during and after the last epidemic, will find in the facts we are about to give, another proof in support of the conviction at present almost general, that cholera belongs to an eminently contagious class of diseases.

For several weeks it had been known that an epidemic of cholera had raged at Alexandria; it was known also that it had been imported by pilgrims from Mecca.

The population, struck with terror, commenced to emigrate on a large scale, and soon, isolated cases of cholera were observed wherever the current went, at Beyrout, Smyrna, at Chio, etc. Until the 28th of June no case of cholera, or of its prodromes, such as diarrhoea, sporadic cholera, or any gastro-intestinal affections, were observed at Constantinople.

On this memorable day—for it is from the 28th of June, 1865, that the present epidemic of Constantinople dates—the war frigate Mouchbiri-sourour arrived directly from Alexandria. The captain not having declared any deaths during the passage, nor any case of disease among the crew, the vessel was immediately permitted to come to anchor; but on the evening of the same day twelve patients were sent to the Marine Hospital, and the physicians immediately recognized

eleven cases of cholera, and one of collapsed cholera, which terminated fatally on the same night.

The surgeon of the vessel, questioned by the hospital physicians, stated that between the Straits of the Dardanelles and Constantinople, two of the crew had succumbed to cholera; and that at Alexandria, although no case of cholera had occurred on board, cases of diarrhoea had been observed. On the 30th of June nine other cases were disembarked from the same ship, among which two well characterized cases of cholera were observed. The Mouchbiri-sourour was now sent to Bouyouk-liman, near the Black Sea, and the men put on shore under tents; the sick who had been disembarked, were isolated as much as possible in a large hospital.

On the 5th of July, a patient who had entered the hospital on the 3d, coming from the barracks of the military workmen, which is situated opposite the wharf of the arsenal, now presented symptoms of cholera; he was transferred to the division reserved for cholera patients. In the mean time, the barracks of the workmen, and those of the Infantry of the marine, had been evacuated, and the soldiers camped under tents on the height of Ok-meidan.

On the 5th of July a new case was furnished by the military workmen of Ok-meidan, and another by the steam corvette Ismir, anchored before the arsenal, near the workmen's barracks.

On the 6th of July a new case was furnished by the military workmen of Ok-meidan. On the 8th there was another case from the same source; on this day two deaths by cholera. On the 9th, one case of intense cholera, and two of cholera, from the corvette Ismir, and one case from Ok-meidan; one death. The corvette Ismir was quarantined, and towed at first to the exterior port, and next day as far as Bouyouk-liman; in the interval she lost two men by cholera. Since then we have no news from her.*

On the 10th there were five attacks, viz., one case on the transport Teheihoun, anchored before the arsenal, one from the guard in the interior of the arsenal, one coming from the videttes placed

* These lines were written on the 18th of July.

on a raft in front of the arsenal, one hospital nurse of the barracks for workmen already evacuated, and one washerman of the Marine hospital; on this day one death. On the 11th, seven attacks; one case in the interior of the arsenal, one of the guard of Parmak-Kapou, (at the entrance of the arsenal adjoining the workmen's barracks), one of the guard at the entrance of the arsenal from the side of Haskeny, two cases in the Dikimhané, (a manufactory in the interior of the arsenal), one among the military workmen of Ok-meidan, and one hospital nurse in the cholera ward; three deaths. On the 12th of July nine attacks occurred, *four of which took place in the hospital itself, among the patients placed there for other diseases*; two cases among the military workmen, one in the Dikimhané; one was a civil workman employed in the arsenal, (after having presented himself at the hospital, he went home and died the next day), and one police soldier of the Kassimpacha, (of the police guard, close by the arsenal); five deaths.

On the 13th nine attacks; four of which took place in the hospital, one in the guard of Parmak-Kapou, three among the military workmen of Ok-meidan, and one on board the transport Araich, anchored before the arsenal; three deaths. On the 14th nine attacks; three of them in the guard of Parmak-Kapou, two in the guard of Dara-aghatch, (in the interior of the arsenal), and one on board the Mouchbiri-sourour, which had taken her crew on board; six deaths.

On the 15th twelve attacks; viz., three military workmen of Ok-meidan, two of sailors of the transport Teheihoun, a sailor of the corvette Brousse, one of the Mouchbiri-sourour, one of the transport Sureia, one convalescent of the pontoun Tchriflé, (this vessel received the hospital convalescents, who were quarantined for seven days), two workmen of the Haddéhane, (a manufactory of the arsenal), and one hospital washerman; three deaths.

We shall not follow any further the progress of the epidemic in the arsenal, but will cast a retrospective glance at what passed during this time in the city. On the 9th of July a ferry-man living on the left bank of the exterior port, (at Yalé-Kiosk), was attacked and died.

From the 10th, as we have stated, the cholera spread among the citizen workmen, occupying the khans of Kassim-pacha; a part of these people worked in the arsenal, principally on the building of the Marine department, in front of the building of the arsenal, and at the side of the military workmen's barracks. On this day eight attacks, with five deaths, came to our knowledge,

but there were many more; and since this day the cholera has made such ravages among these stone-cutters, that it was found necessary to suspend the work of building. But the disease was not localized in the khans of Kassim-pacha, many cases having taken place already among the inhabitants of this district, as far as the limits of Pera, (two cases having been reported at Emin-dyamissi,) isolated cases have been observed besides in several parts of the city, as at Yedik-pacha, (in a woman coming from Kassim-pacha,) at Phanar, Balata, and at Haskeny.

On the 12th of July, cholera cases were received at the Greek Hospital of Baloukli, (district of Kassim-pacha.) On the 14th, attacks took place in the khans of Stamboul, and on board merchant vessels anchored before Salih-Basar. On the 15th, at Bechiktach, and at the custom-house of Galata; another point of origin for the disease appeared at Yeni-Keny, in the Bosphorus. Among the eight vessels of the imperial fleet anchored before Bechiktach, only four have furnished cholera cases up to to-day (18th July); one especially (Nasrout-Aziz), has become a veritable breeding place.

The facts speak for themselves. Up to the 28th of June, nothing in the hygienic condition of the city announced an epidemic of cholera. On this day the frigate Mouchbiri-sourour arrives from Alexandria with cholera-sick on board; they are landed at the arsenal, and not five days pass before the first case occurs in a patient from the military workmen's barracks, situated hardly ten steps from the landing of the arsenal. From this day, cases multiply in the arsenal, and on board the vessels anchored there; thus the corvette Ismir is the first attacked, being at the same time nearest the barracks, and it is only a few days more before the transports anchored a little further off are visited by the disease. The guard of Parmak-capon, at the entrance of the arsenal, and only a few paces distant from the barracks, is roughly dealt with in its turn; finally, the rest of the guard and the workshops are infected. In the mean time, the corvette Ismir is towed to the exterior port, where she remains for forty-eight hours; the cholera continuing, she is removed to Bouyouk-liman; several days later the first case of cholera appears in the exterior port. On the other hand, the citizen workmen employed at the arsenal, propagate the disease in Kassim-pacha. If we turn to Yeni-Keny, which is a considerable distance from the original point of origin, we find here also that the disease is propagated from the arsenal, for the first established case is that of a stone-mason from Kassim-pacha, arriving already

sick at Yeni-Keny, where he dies the next day, with all the symptoms of cholera.*

Up to July 19th, no case had occurred at Tattavla; on this day I have to mention one case of cholera, of moderate intensity, on the slope of Tattavla, towards Yeni-Cheir—almost at the same time a woman who came two days before from Yeni-Keny died from cholera, at a distance of but a few paces from the house of the patient. Since the 20th, several deaths from cholera have taken place in the same district. Let us compare now with these facts, which establish the origin of the epidemic in the most positive manner, some other very curious facts. The vessels anchored in front of the arsenal, but at a considerable distance from the wharf, have to this moment furnished no case of cholera. This is very remarkable, especially in the case of the three-decker Mahmondic, which has a numerous crew. The Mahmondic was afterward towed to the Bosphorus, to a most advantageous position, in the midst of the current, where a breeze is never wanting; and yet two days later, (in the night, from 20th to 21st July,) nine attacks took place on board. Among the vessels anchored before Bechiktach, several have been spared to the present, (July 18th); among others, the Admiral's flag ship Kassova, whose crew is of the largest kind. The marines occupying the great barracks of Kassim-pacha, where no case of cholera had occurred, are sent to Ok-meidan, where they camp in tents at the side of the military workmen. Well, up to this day no attack has occurred among the marines encamped at Ok-meidan, whilst the workmen send us new cases every day. The cause is this; the workmen were employed during the day at the arsenal, the point of origin of the infection, while the soldiers are constantly stationed on the heights of Ok-meidan, in pure air, where contagion cannot fix itself.†

It appears to me that these facts do not need much commentary. Patients arrive in a perfectly salubrious city, and we see the same disease of which they suffer spread at the very place where they are landed; it subsequently seizes an entire district, and a little later rules supreme over the whole city. By Æsculapius! how will you name such a disease? Is it a contagious disease, or do

you wish to quibble upon the word? Let us state then the fact, it is this,—*cholera patients import cholera.** Do you wish an additional proof? that which has happened to the marine hospital itself may furnish it. The first cases of cholera having staid at the hospital hardly longer than a few days, the patients remaining there for other diseases, were affected and succumbed under the attacks of cholera. The fourth ward, where the first case of cholera of local origin was observed entering on the 3d day of July with simple diarrhoea, has furnished subsequently several other cases. Among the employées the first victims attacked was a nurse of the cholera ward and two washermen, who cleaned the linen of the cholera sick.†

A specious sophistry only could contest the importance of such facts. I have remarked in the commencement, that this fact presents nothing new, for thousands and thousands of times it has been established in the most unobjectionable manner, that cholera is imported by cholera sick; what there is particular in our case, is this, that at the time it was not necessary to search for the source of the epidemic after its appearance; it was not that the epidemic had already existed when it was found, right or wrong that it had been imported by the frigate Mouchbiri-sourour No! this time, based upon the experience of the past, *I have predicted the appearance of the epidemic from the 29th of June*, the day on which I have stated the landing of the twelve first cholera patients arriving from Alexandria, at a time when nothing, absolutely nothing, indicated that we were on the eve of an epidemic of cholera. It is only under circumstances as particularly favorable as ours, especially during movements of troops, emigrations from a place where cholera exists, etc., that it is easy to follow the tracks of the contagion with the same precision; when cholera has already taken a certain extension in a country which has an extensive commerce, traversed by commercial routes, by rail-roads, etc., we may follow it along the commercial routes, but it is rarely possible to point out the exact moment of the importation of the contagion, and ought we to be more exigent in regard to the contagion of cholera, than that of scarlatina, of smallpox, etc., is there any one who doubts their contagious

* I have this case from Dr. Bieri, practising at Therapia and Yeni-Keny. Subsequent researches have proved the perfect correctness of the fact.

† Another very curious fact is, that up to the 27th of July no case of cholera manifested itself among the galley-slaves of the bays, the most infected place of the arsenal, whilst the epidemic raged among all others with great intensity. (Among the troops of the marine alone, we have counted eighty-nine attacks in 24 hours.)

* Men have lost themselves in theories and hypotheses respecting the direct and indirect contagiousness of this disease, or its infection, etc. Whether a disease is transmitted is one question, and in what manner it is transmitted is another.

† During the war in the East the fact that the washermen attending the washing of the French hospitals were attacked by cholera, has more than once been confirmed.

character, and notwithstanding, in how many cases can we establish the connection of the cases?

I repeat then, cholera is contagious, eminently contagious, and I add that intelligent quarantine measures may prevent an epidemic of cholera, if not always, at least in certain cases. It is true that when cholera has already invaded a whole country, when the scourge progresses from all sides of a continent traversed everywhere by railroads, all quarantine restrictions will be useless; then indeed control is no longer possible, except in cases where limited districts removed from the great high-ways of commerce are surrounded with restrictions of extreme rigor.* It is another matter when the epidemic rages only in one or two places on the sea coast, for when quarantine measures have a determinate object in-advance, I have no doubt that under such circumstances it will be possible to localize the epidemic, provided the measures taken be not dictated by superannuated restrictions, but rather by the experience acquired as to the mode of the propagation of cholera epidemics.† When one thinks of the number of victims made by an epidemic of cholera once set loose upon the European continent, one conceives that extreme rigor in the application of proper measures to extinguish its primitive focus is perfectly justifiable. What is not done when there exists a mere suspicion that the plague has made its appearance anywhere? And if cholera is more difficult to keep within bounds than the plague, so much more reason to redouble rigor and vigilance. Before indicating the quarantine measures which I believe to be the only efficacious ones, I wish to make a few observations on the mode of the propagation of cholera, according to the facts collected and the experience accumulated during the latest epidemics.

Cholera does not appear to be contagious by simple contact of the patients, but the cholera patients rather develop contagion like those affected with smallpox, with this difference, that whereas in smallpox contagion is communicated by the skin, in cholera it is through the excretions, especially the stools, that the infection is propagated; thus the linen stained by cholera pa-

tients, houses occupied by them,* infected ships may harbor the contagion for a long time and become the cause of new infections. It must also be observed that the stools of persons suffering from mild manifestations of the disease, from cholera and cholera, like diarrhoea, do not contain the contagion any less than the excretions of those suffering from confirmed cholera, it is therefore easy to conceive, why a ship, a building, etc., may be infected without a case of cholera having occurred.

Now the most rational and safest measure would be to prevent all communication with the place where cholera has appeared, encircling it by a sanitary cordon, as is done in places infected by the plague: we should stop these general flights, these emigrations spreading death everywhere, without profiting the fugitives, for they will find themselves always subject to the same infection which they carry with them.

But as it is not always easy to maintain these restrictions with the desired austerity, it would be necessary to subject all imports from regions adjoining the place where the disease had originated, and from the focus of the disease itself, to a rigorous quarantine of at least twenty-five days. In this respect the following principles might serve as a guide.

1. Quarantines ought to be located at a distance from towns and populous centres, and where possible, on islands.

2. Passengers should never be permitted to pass their quarantine on board of vessels.

3. Spacious and thoroughly isolated lazarettos should be established at suitable points.

4. Every lazaretto ought to have a hospital entirely separated from the principal edifice.

5. Sanitary physicians attached to the lazarettos, and whose number should correspond to the importance of the station and the circumstances, ought to be in constant attendance on the inmates; and they should have reliable assistants always on duty at the bed-side of the patients, to report their actual condition.

6. If a case of cholera has occurred on board a vessel, the crew ought to be landed, and put in the lazaretto, and those suffering from diarrhoea be sent to the hospital. The vessel should undergo a thorough purification, as is practised with regard to vessels contaminated with yellow fever—after 25 days the crew may return to the vessel; but she should remain under the strictest

* In 1831 the Imperial Court of Russia, 10,000 persons in all were encircled at Peterhoff and Zirs Koysto, by a rigorous sanitary cordon. No one was affected by the cholera.—*Armstrong Obs. on Malignant Cholera, Edinb., 1832, page 7.*

† Dr. MORGAN in 1849 succeeded in encircling and extinguishing an epidemic of cholera, which, imported from Echellenneuve, broke out at Gaidouropoli in Creta. See the very interesting account of this fact in the *Gazette Medicale*. 1 Ann. No. 8, page 136.

* When in February 1855 an epidemic of cholera reappeared in Vienna after having been extinguished, the first case occurred in a house which had served as a cholera hospital during the epidemic.

medical surveillance for a further period of 15 days.

7. The linen and clothing used by cholera patients, during illness, (and of course, those also belonging to persons who have suffered from choleric form diarrhoea) must be destroyed, and the hospital be disinfected.

8. All communications with lazarettos, and vessels in quarantine, must be severely interdicted, and every extravention of the quarantine regulations punished with severe rigor.

It has not escaped our attention that the sanitary intendency with the present means at its disposition, will not be able to apply rigorously the principles above indicated. It is necessary then to place means of action at its disposal; to establish, for instance, convenient lazarettos, to increase the number of employées, etc. But in order to accomplish all this it would be necessary to reform the sanitary intendency itself, for the regulations actually in force need a revision, in order to bring them into accord with the present state of our knowledge of epidemiology, and this revision can be accomplished only by a Council of Health, which shall be fully equal to the importance of its mission. The quarantine institutions of Turkey have in their infancy furnished evidence of what they may accomplish. It is known that the epidemics of the plague have been fought with great success as well in Rouniellie (Siliestria, Choumla, etc.) as in Asis (Ighelnicies, Samsoun, Erzeroun, etc., 1840 and 1842, etc.)* Now if the present Council of Health has not always acted with the same concert, and with that energy which distinguishes this almost historic epoch, it is because since that time the equilibrium of its composition has been disturbed, and its fundamental principles have been changed. This is such an important question that we feel it to be our duty to be a little more explicit.

The Council of Health, a bureau of the Imperial government, is composed of two elements, viz.: the one consists of a certain number of functionaries appointed by the local government, and the other of the delegates of the maritime powers. At the period when quarantine institutions were established in Turkey, the Imperial government wished to offer the bordering countries a safe guaranty for the efficacy of the new institution, by admitting delegates, who, by their presence, would assist the strict execution of the

quarantine measures. Now, since the fear of the plague has ceased to trouble the minds of Europe, since commercial interests and navigation have occupied the first place in all transactions, the attitude of the foreign delegates in the Council has gradually changed in such a manner that now-a-days we find from this side sometimes rather a tendency to subordinate the regulations of the quarantine to the interests of commerce, than to enforce them; the storm raised last year by putting provisions from Circassia in quarantine has not been forgotten, I think. It was a serious mistake on the part of the local government, to reduce the number of Ottoman functionaries, for, in place of four physicians appointed by the government, and occupying seats in the council, only two sit there now.

Another inconvenience is, that a few only of the foreign powers delegate competent men, physicians who are able to judge for themselves the important questions of public hygiene, whilst the others confide this charge to persons who are strangers to scientific questions, questions which are to guide the Council in its most important decisions.

When the Council of Health is reformed in the manner we have just indicated, when it becomes a true medical council, reinforced by the members whose places remain vacant, and by physicians delegated by the foreign governments, which are represented to-day only by dragomen, then only may we hope a suitable reform in the quarantine institutions of Turkey.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By LAURENCE TURNBULL, M.D.,

Of Philadelphia.

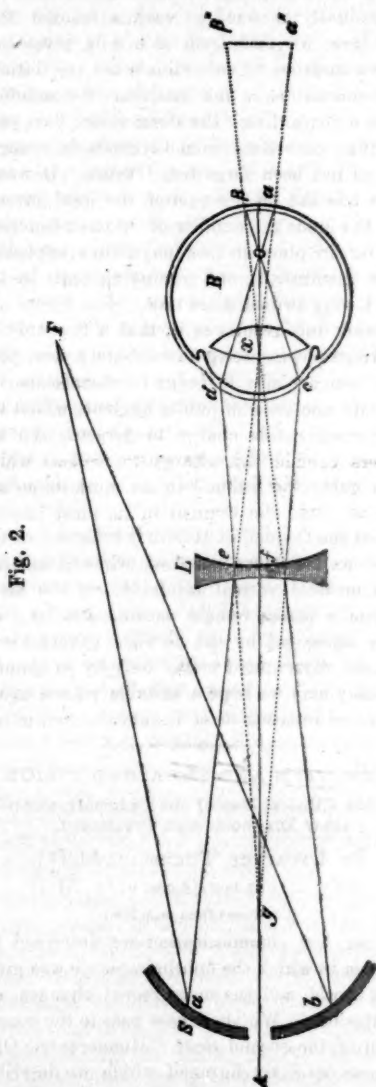
(Continued from page 216.)

In our last communication we described the first form in which the ophthalmoscope was given to the world, and the more recent changes and modifications. We shall now pass to the consideration of the second class, "Homo-centric Ophthalmoscopes," six forms of which we described in our first series of papers,* namely, "Rueté," "Anagnostakis," "Desmarres," "Jüger," "Liebreich's, large and small." In the simple form you have the reflection from slips of glass, highly polished, with plane parallel surfaces. In the second form you have a concave mirror of silver glass or metal, which produce their effects according to

* "The Contagiousness of the Plague, principally based upon results obtained by the Quarantine in Turkey," by Pessoni & Marchand, Constantinople, 1847. See *Gazette Médicale d'Orient* 1 Ann. n. 5.

* These are now published for convenience in pamphlet form, and are for sale.

the following optical principles—as shown in Fig. 2, from ZANDER: *F* represents the flame, *S* the mirror, *L* the concave lens, *B* the eye examined. From the flame *F* rays of light, *F a* and *F b*, fall upon the mirror, and are reflected



from it in directions converging toward its focus. They are intercepted before they meet by the concave lens *L*, and rendered divergent. Proceeding, they strike divergent upon *B*'s cornea, and form upon its retina the dispersion image *a b*. Returning in their course of entrance, the rays *a d e* and *b c f* would unite in *g*, were they not again rendered divergent by *L*, so that the

observer at *A* sees a magnified erect image *a' b'*, apparently situated between *a b*.

"For the examination of a virtual erect image it is necessary to use a concave lens, of from 8'' to 9'' focal length. This should be distant from 1'' to 3''* from a short-sighted, and from 3'' to 5'' from a far-sighted eye; but by sliding it backward and forward, the exact distance required by the accommodation of any particular eye may be found. A short-sighted observer must use his accustomed spectacle glass. The inspection of the erect image is more especially useful, in order to examine in detail the objects of the fundus oculi, and to determine their peculiar colors, as well as the transparency of the whole refracting media.

"For the examination of an actual inverted image, it is necessary to substitute a convex for the concave lens. When this lens is distant nine or ten inches from the observer's eye, and about one inch from the eye of the patient, an inverted picture of the retina magnified from 2 to 3½ diameters, and showing the finest branches of the central vessels, small aneurisms, extravasations, and so forth. If two convex lenses be used, the first of 1½'', about one inch from the eye of the patient,—the second of 4½'', about 5½'' distant; this combination will afford an inverted image about three times magnified, but apparently filling a larger field than the former. The annoyance of reflecting mirror images may be removed by turning the lenses on their vertical axis, so that they stand somewhat obliquely to the optical axis of the eye."

The Ophthalmoscope of Ulrich.

It consists of two tubes, blackened within, and united at an angle of about 40°; one of them inclosing the mirror and lenses, the other admitting the light to the first. The length of the first tube, which *ULRICH* calls the "ocular, or observer's tube," is about 5'', its diameter 1'' 8''. The second, or "light tube," has a smaller diameter, and on its hinder margin a length of about 2'', greater length being forbidden by the necessity of keeping the source of light away from the patient's head. The end of the tube is provided with an opening ½'' in width, adapted to the eye of the observer; the other end is open in its whole diameter, and incloses the eye of the patient. Both are finished by proper margins. The free end of the second tube has a screen that shuts off side light from the observer, and acts

* Twelve Paris lines made a Paris inch; and twelve Paris inches a Paris foot. The foot is expressed by (f), the inch by (i) and the line by (l)—with numerals prefixed.

also as a cover for the tube itself. The source of light can either stand alone at a distance, or, be attached to the instrument itself by means of a collar and screw—the light being held in a ring turning on a horizontal axis. This ring is furnished with a screen to cut off rays from the head of the patient. The concave mirror is $1\frac{1}{8}$ " diameter, $1\frac{1}{3}$ " central perforation, and $\frac{3}{4}$ " focal length, and two convex lenses. The mirror is set obliquely across the tube, so that its incident and reflected rays correspond with the axes of the two tubes respectively. Its distance from the opening of the ocular tube is about $\frac{1}{4}$ ". Behind the mirror, separated from it by a perforated diaphragm, is the $\frac{1}{4}$ " ocular lens fixed in a movable sliding tube or eye-piece. The $1\frac{1}{2}$ " object-glass is placed in front of the mirror, and thus, attached to its setting, a rod fastened to a button and screw, which passes through a slit in the side of the ocular tube, so that the object-glass can be moved to and fro, and fixed at any point. The ocular tube is also furnished with a draw-tube, which serves to steady the apparatus upon the eye of the patient, and also to retain the eye in any desired position.

To use this instrument it is held in the left hand for examination of the left eye, and *vice versa*; while the free hand regulates the positions of the object-lens and of the draw-tube. With clear vision at a distance of nine inches, no elongation by means of the draw-tube is required, but only movement of the object-lens to the extent of $\frac{1}{4}$ " or $\frac{1}{2}$ ". In presbyopia the tube must be lengthened $\frac{1}{4}$ " or $\frac{1}{2}$ "; and in myopia it may be necessary to move the object-lens as much as 1", and to substitute a weaker ocular (a biconvex of 6") for the one ordinarily employed.

For examination of the cornea, iris, or lens, the ocular is removed by withdrawing the tube in which it is set; thus reducing the instrument to a simple magnifying glass. This ophthalmoscope can also be employed in daylight.

Its advantages, according to Dr. ZANDER, are for examination of the inverted image; that the whole of the necessary apparatus is united in a portable form; and that the tube, by totally excluding side-light facilitates the perception of aerial images. They are, however, outweighed by the disadvantages of having the source of light united to the instrument; of having the object-lens, with its axis straight, so as to transmit reflected mirror-images, and of having the mirror stationary.

The Ophthalmoscope of Stellwag Von Carion.

It consists of a concave mirror, having a focal distance of some inches perforated through the

middle, and attached by a joint on its edge to a handle. By this joint the mirror can be set in any required direction. Behind is a REKOS's disk, with its axis of rotation eccentric to the mirror, so that, by turning the disk, any one of its marginal holes containing lenses can be brought opposite to the mirror-opening. The lenses are 2", 4", 8", and 12", concave; and 2", 6", 12", convex.

The Ophthalmoscope of Hasner.

It consists of the following parts: In a brass tube is a second tube sliding freely, and capable of being fixed in any position by a screw which projects through the second tube. A perforated glass concave mirror of 7" focal length, set in a metal back, is suspended by screws at the free end of the tube, and can turn upon these screws as on an axis. It receives the light from a lamp through an opening in the side of the outer tube. At the free end of the inner tube is a two-inch convex lens, set in a metal ring, and is suspended by the screws in the same manner as the mirror. Behind the mirror is a six-spring clip united to the outer tube by a joint, and capable of being set at any desired obliquity. The distance of the lens from the opening in the mirror is shown in Paris inches, on a graduated scale, and may be increased to 8".

In use the observer holds the screws with the thumb and index finger of one hand, the remaining fingers of which rest upon the cheek or forehead of the patient, and maintain the end of the instrument at a distance of from $\frac{1}{2}$ " to $1\frac{1}{2}$ " from his eye. By means of the screws, the necessary obliquity is given to the lens, so as to displace laterally the reflected images of the mirror. The ocular tube is held by the screws, with the thumb and forefinger of the other hand; the side opening is turned toward a lamp suitably placed; and by means of the screws, such a direction is given to the mirror that the rays falling upon it are reflected down the axis of the tube into the eye of the patient. When this is illuminated, the details of the fundus oculi may be brought into view by sliding the tubes. For ordinary cases, a single convex lens will be sufficient, but in high degrees of presbyopia it may be necessary to place a second of 15" or 20" focal length, in the spring-clip. The same may also be done in order to obtain a more highly magnified image.

Professor RYBA makes the spring-ring much smaller, and connects it by a twice-jointed stem to the edge of the metal plate behind the mirror. By this arrangement the ocular lens can be accurately applied to the central perforation of the

mirror, in any oblique direction of the latter, and in any direction of the axis of the tube.

Among the merits of this instrument HASNER enumerates:—(1.) Being composed of solid metal it occupies little room, and is very portable. (2.) The inverted image of the retina is easily found, because the tubes slide freely, and because their considerable diameter renders it unnecessary to look exactly into the line of their axis. (3.) Its connection with the patient by the hands of the observer keeps it steady in its place. (4.) The mobility of the mirror renders it easy to give any direction to the instrument without altering the position of the flame. (5.) The reflected image of the object-lens are readily set aside by shifting it. (6.) The retinal image contained within the mirror a blackened tube, from which all side-light is excluded, appears much more clearly than when formed in the open air. (7.) The clip behind the mirror facilitates the application and removal of ocular lenses. (8.) By the graduation of the tube the distance of the observing eye from the convex lens can be read off; and in known vision of the observer, and with the lens at a constant distance from the patient, the refraction of the latter can be determined, approximatively at least by a comparison of different observations.*

SURGICAL CONTRIBUTIONS.

By LOUIS BAUER, M. D.

Of Brooklyn, N. Y.

II.

Action for Alleged Malpractice.—Professional Ethics put to a Test.—Differential Diagnosis of Spontaneous and Traumatic False Passages in Court.

In the beginning of September, an action for alleged malpractice was tried at the City Court of Brooklyn. In the course of the proceeding some points were touched, in which the profession at large may be interested.

From the evidence of the complainant it appears that in the month of April, he was suddenly seized with inability of discharging his urine, it being the second time in his life. The first time happened a year previous, lasting about twenty-two hours, and yielding to some trifling remedy prescribed by a druggist. On this occasion, he sought for and obtained professional advice. Dr. K., of this city, tried to relieve the patient by catheter, but failed. The latter sustained in the attempt some loss of blood and felt quite sore. The doctor directed the complainant

to go home and to bed, and to take some pills he prescribed. A few hours afterward, the former, in company of Dr. M., called upon the patient, placed him under the influence of chloroform, and then repeated the attempt at introducing the catheter. The patient felt nothing. When he recovered from the effects of the anæsthetic, he noticed that his body and bed linen were soiled, "drenched" with blood. There was likewise blood in the chamber and on the carpet. The medical gentlemen then left, but returned in the afternoon, *proposing to finish* the operation; the patient having, in the meantime, passed some urine, and feeling rather easier, had been under the impression that he owed his comfort to the operation. He was therefore ill-disposed to submit again. Moreover, he thought that if they had not succeeded with the use of chloroform, there was very little chance of succeeding at all. The soreness of the penis had materially increased. Notwithstanding, he allowed his objections to be overruled. The catheter was successively passed into the urethra by the two doctors. When it came near the presumed stricture, he experienced severe pain, lost much blood, and noticed that its point took a direction toward the left. After several trials of this kind, the medical gentleman desisted. Dr. K. visited the patient for six consecutive days, and directed various applications. On the eighth day my attendance was invited.

On taking charge of the patient, I noted his condition, as follows: febrile excitement and painful expression of countenance; painful and difficult passage of urine; the water either dribbling, or in a fine and twisted stream; the penis slightly œdematous. There is some swelling and intumescence on the left side of the perinæum, and toward the left thigh, and the remnants of a recent ecchymosis, with all the colors of a rainbow.

Apprehending an incipient urinary infiltration, I resolved to insert a catheter, and thus arrest the progress of the impending destruction. It is immaterial whether I first entered the urethra with staff or catheter, nor do I remember which. Having carefully felt my way a distance of about seven inches, the instrument became arrested by what seemed to be a stricture. In gently trying to pass into the same, the instrument took a leftward direction, and evidently entered a false passage. Following the point of the instrument in its progress, I could distinctly feel the same under the integuments. The ensuing pain and bleeding reminded me that that route could not be travelled with any safety; so I withdrew, and made no further attempt. Hence

* Zander.

forth, it was my sole object to reduce the existing inflammation along the perineum, and favor suppuration, for which purpose leeches and cataplasms were freely resorted to. At about the seventh or eighth day fluctuation could be distinctly felt; the abscess was not so very large, and did not exhibit that deep discoloration and wide-spread edema characterizing urinary infiltration. On opening the abscess a moderate quantity of a *creamy*, and in every respect *laudable*, pus was discharged with evident relief to the patient. There was no odor of urine nor trace of sloughed tissue. Not for thirty hours did any urine pass through the abscess. Thenceforth and for about six weeks, the urine was chiefly discharged through the opening in the perineum, giving likewise rise to burrowing toward the anus, and necessitating repeated incisions. At the end of two months, the fistulous opening gradually closed, and the urine took by degrees its normal course.

The patient, an intelligent Norwegian shipwright, had thus lost about ten or eleven weeks' income, had been subject to great expenses, irrespective of the misery to which he had been subject. He accused his previous attendants of gross carelessness and want of skill, and ascribed to them the cause of all his losses and sufferings. He considered himself entitled to compensation, and felt it his duty to expose the incompetency of Drs. K. and M. to public derision. This was the state of feeling in which I discharged my patient, expostulation to the contrary, notwithstanding. When his lawyer consulted me about the matter, I used every argument of doubt to prevent the suit, and eventually withheld all and every information from him that would have been of assistance to him. Thus I had tried and failed to protect the practitioners, and save myself the odious duty of appearing against professional brethren.

But when summoned and sworn as a witness, I had no alternative but to tell everything I knew of the case, and give such an opinion as the facts would warrant. Pressed by the complainant's counsel with the question, "By what means the false passages had been produced?" I could conscientiously not withhold my conviction that it had been produced *by the indiscreet use of the catheter*.

It would have been wise on the part of the defense to let my opinion pass for what it was worth, and concentrate their efforts upon rebutting evidence. But the desire to embarrass my position got the best of juristical strategy, and hence they entered upon a rigorous course of

cross-examination, which could but break down my evidence, or eventuate in still stronger proofs against the defendants. Calm consideration of their interest would have satisfied them that I had no wish one way or the other; that I was *forced* into the witness-box, that I had related the course of the trouble as a simple succession of events, and that the inferences I had arrived at were logical necessities which I had neither the power nor the right to withhold. With one of the defendants I had repeatedly consulted and exchanged the courtesies of friendly feelings. Neither of them had provoked my feelings, or been in my way of success. Moreover, the complainant had, under oath, most emphatically declared that I had at *no time* encouraged the suit, but that, on the contrary, I had done all in my power in *persuading him and his counsel from pressing the same*. Nevertheless, the defense seemed to take studious pains in trifling with me, hoping to discover the tendo-Achillis, that they might cut it with impunity.

If therefore the case became more aggravated, it was the fault of their indiscretion, or perhaps vindictiveness. I will not lose time, or fatigue the reader in rehearsing the small tricks which were, but unsuccessfully, employed to inveigle me in contradiction, or to irritate my temper. Nor will I refer to those silly questions which were intended to test my professional competency. The only question worthy to be considered here was substantially as follows: What differential symptoms did you observe in the case of complainant that led you to the conclusion you have stated? or in other words: Why were his troubles not brought on by a spontaneous perforation of the urethra? My answer was prompt and plain. *In the pending case the perforation was anterior to the stricture, in the other it would be posterior to the same*. In the former there was obviously a simple canal along the perineum, accompanied by a simple traumatic inflammation, with subsequent suppuration; in the latter instance we have always more or less urinary infiltration with more or less sloughing of soft tissues. In the one there is, as we found it, a creamy or pure pus, in the other the abscess contains a mixture of pus, urine, and detritus. In the former, the urine appeared after some time in the opening of the abscess; in the latter, it is the urine that causes the false passage, and is therefore an inseparable symptom of spontaneous perforation of the urethra. Last, and not least, there was *that ominous ecchymosis* on the left side of the perineum toward the thigh. Could that have any other causation than traumatic violence? Thus by

silly persistence the defence placed themselves in a dilemma which could but embarrass its own evidence. Fortunately for the defendants the opposing counsel had not sagacity enough, or not competent professional assistance, to avail himself of his advantage.

The defence first denied the malpractice; next, tried to prove that the false passage had been caused by my own heedlessness; and eventually alleged that it was legitimate to use that degree of force they had employed in the attempt of forcing the bladder.

On this point they produced as a witness a surgical expert from New York, whose name is, without any question, favorably known among the public and in the annals of surgical science. I certainly entertain a high appreciation of his surgical accomplishments. Not being present when he rendered his opinion, I have derived its tenor from another medical witness in the case, from documents purporting to be literal, and from the charge of the judge. According to that opinion it is legitimate to force a stricture in such cases, even at the hazard of making a false passage. He did not remember that he had been ever so unfortunate as to cause such a complication (which I verily believe), but he would not care if he had, in the attempt of saving a patient. This is certainly a strange surgical ruling. It seems to me that his head had less to do in laying down the principle than his heart. I apprehend that the doctor would have greatly modified and qualified his opinion if he had been properly cross-examined. I have in vain looked for a pendant of the same in any acknowledged surgical authority, and it seems to me totally untenable.

In the first place, every experienced surgeon well knows, that it is next to impossible to force a stricture if there is urinary retention of some time, and the bladder is much distended. False passage would seem to be inevitable. And this axiom is so well established, that prudent surgeons hardly attempt the passage of a catheter under those circumstances, but resort to medicinal applications which in most cases give relief if time is allowed for their action. Or they prefer the puncture of the bladder, which is comparatively a more harmless operation when carefully performed. I have myself passed a small trocar into the bladder so often, and always without the slightest inconvenience, that certainly I could not think of risking a new complication of a false passage in preference to puncture per rectum.

With this point the interest in the medical evidence is exhausted, and I will conclude with a few passing remarks on medical ethics.

There is a class of practitioners which is very clamorous for, and always seems to be in need of professional protection. They rarely want consultation unless it be to save themselves from the charge of neglect, or incompetency; they meddle with things which require a higher order of accomplishment, talent, dexterity or experience than they possess, and when they fail to procure such shielding protection, they imagine themselves the innocent victims of conspiracy and prosecution. A well-informed, diligent and competent practitioner needs no other shield than his knowledge. Ordinary skill and the adoption of established and recognized principles in the healing art, clear him in every court of justice from unreasonable charges and importunities. Prosecution is completely impotent. Nor can it for a moment be presumed that any practitioner would be so imbecile as to advertise his opponent by an unjust lawsuit. On the other hand, practitioners owe duties to the community, which allow no infringement by so-called professional class interest. If such illiberal maxims were entertained, they were equal to a most reprehensible conspiracy of physicians against their patients, to which of course no honorable man of the profession could lend himself.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
January, 1865.

SURGICAL CLINIC OF PROF. GROSS.

Reported by W. W. Keen, Jr., M. D.

Stercoraceous Abscess.

Jan. 4th. A. set. 30, was confined four months ago. Soon after a tumor appeared in the right iliac region, which has grown rapidly in the last three weeks. It is now well defined in outline, as large as a large orange, and extends inward and upward nearly to the umbilicus. The beating throbbing pain increased on sneezing and breathing deeply. It is very tender on pressure. She is unable to lie on the right side. She has discharged no pus per anum.

On using the exploring needle pus exuded I then opened the abscess with a bistoury, when some 16 oz. of pus spurted out with considerable and very fetid gas. I then introduced a tent, and ordered a poultice. I also gave an anodyne, and ordered twenty drops of tincture of iron three times a day.

8th. Doing admirably the tumor is softer: pus and blood to some extent is still exuding from the opening made. There has been no discharge of fecal matter.

15th. The tumor is softer and smaller; but little pus is passing from it. Her health is well sustained.

Autopsy, Feb. 1st. She died on the 29th and the autopsy showed old adhesions between the surfaces of the peritoneum, especially at the liver. The liver was filled with tubercles, some very large and some looking very like scirrhus. The lungs and the pleura were also tubercular. The abscess was evidently of tubercular origin; the walls of the bowel were degenerated and broken down, the cavity of the abscess communicating freely with the bowel about the cæcum and ascending colon, but the parts were almost undistinguishable. There were tubercular deposits in the abscess and a firm clot of blood, probably from the operation.

Gangrene of feet from Frost-bite.

Jan. 4th. Man, æt 40. Three weeks ago he lay out all night in intoxication, and his feet were severely frosted. Subsequently, gangrene set in, and it now has extended on the left foot, including all the tissues to the middle of the foot, and on the right foot, including the sole and half the dorsum. There is a pretty well defined line of demarcation, and above it considerable inflammation, with a decided erysipelatous blush. The dead parts are shrunken, and black and green in color. Blisters appear on the inflamed surface. His tongue is dry; sordes on the teeth and lips; his appetite and sleep is poor; and he suffers a good deal. The line of demarcation not being defined sufficiently clear for amputation, I ordered him punch, with at least a pint of whiskey a day, broths and good food. His bowels to be kept open by oil; pain to be allayed by opium in large doses. Tinct. ferri chlor., gr. xx, every 4th hour; for the fætor, Liq. sodæ chlorin. and a poultice to be applied to the feet of flax-seed, with a strong solution of plumbi acet. and opium.

R. Plumbi. acet., ʒij.
Opii pulv., ʒij.

to the gallon of water.

15th. Health varies, now better, now worse. There is considerable subsultus tendinum, some wandering. The gangrene is proceeding, and the line of demarcation is more pronounced; on one foot the slough has been partly removed. Treatment continued.

Feb. 1st. He died a week ago. His delirium grew worse and worse, and he gradually sunk. The line of demarcation was still pretty well defined.

Autopsy. The autopsy showed a large quantity of adipose tissue still throughout the body, which the absorbents had been unable to take up. There were no metastatic abscesses, no congestion of the lungs, save at the posterior portion, on account of his position.

(Brain not shown.)

Club-foot.

Jan. 8th. Jenny W., æt. 13. Till two years ago she went to school but had noticed a tendency to fall, when standing or walking, by the yielding of her ankles. Two years ago she was taken sick and was in bed for a year, during which time, she suffered great pain in her feet and ankles. At present the muscles of the two thighs are sound and alike; those of both legs are wasted. Both heels are drawn up 4 or 5 inches from

the ground, so that she walks on the balls of the toes. Both feet are introverted; the ankles convex, and both legs are cold.

I performed tenotomy on the tendo-Achillis of each foot, and by force restored them to the natural position. In a few days I will apply apparatus for their retention.

Scirrhus of the Rectum with Fistula.

Jan. 8th. Thomas L. æt. 40; sailor. His health and appetite are good; sleeps well, save that he is often waked in order to pass his water, which he does some eight or nine times daily. He has not lost weight; has no pain about the anus, but only a sense of weight; his tongue is clean. For two years past he has had great difficulty of evacuating his bowels, and especially for the last seven or eight months when he has had to go to stool three or four times daily with great straining. Occasionally he has passed blood. Eight years ago he had an abscess at the anus, and since then he has had a fistula, of which only he now complains. On examining the anus an cedematous tumor as large as an almond is seen on its left side, and the orifice of the fistula—a small one—on the right. On endeavoring to introduce the finger into the anus I discovered a still worse complaint—a tumor hard and unyielding about half an inch within the anus, greatly obstructing the bowel so that I could not introduce the finger further, and giving great pain on pressure.

Fracture of Lower Jaw.

Jan. 11th. Mary G., æt. 35. January 2d. in a fit of delirium tremens jumped from a window and fractured the inferior maxilla. There is a fracture at the symphysis, and one on each side near the base of the rami, that on the left side being comminuted to some extent. There is overlapping, especially on the left side, and the saliva cannot be retained. The jaw can be moved considerably. The upper jaw has lost several of the front teeth by the fall.

On account of the overlapping I had to wire the adjacent teeth, and then applied a binder's-board splint and a figure of eight bandage over the head and jaw.

March 11th. The fracture has healed, excepting at one point where there is some little necrosis. There is also—a necessary result of the great comminution—some unevenness, and consequent deformity, which will be remedied to a great extent by absorption.

Stricture of the Urethra.

Jan. 15th. Charles C., æt. 50, had an attack of gonorrhœa at 20, and has had stricture ever since. He now passes water 20 or 30 times per diem, the stream being of the size of a crowquill, sometimes twisted, and sometimes it divides into several streams. He has difficulty in starting the water; has to bear down and lean forward; often it stops suddenly, and the same difficulty in starting it again is experienced. He has neither hæmorrhoids; nor hernia; nor hydrocele.

On introducing a catheter the stricture was discovered at the membranous portion, and so firm and small, that no catheter could be introduced into the bladder. The introduction of the finger into the rectum did not suffice to overcome the ob-

stacle, but inflicted considerable pain. The compound catheter was then tried, but with no success. The urethratome was then introduced and the stricture divided, but no catheter even then could be introduced.

Feb. 5th, cut the stricture with the urethratome. It was a very solid one, and required considerable manipulation to introduce the instrument and divide it. A large sized catheter was then introduced and retained there; and a full anodyne administered.

Enlarged Tonsils.

Jan. 15th. A Girl, æt. 19, has always been healthy since childhood; however, she has had enlargement of the tonsils, so that her speech is considerably affected, and she is compelled to sleep with her head thrown back, and snoring. She has no night sweats, and her sleep is comfortable.

On opening the mouth (as is seen in Dr. ALLEN's drawing) the tonsils are seen to meet in the middle line, leaving two chinks, one above which is completely filled by the uvula, and the other below through which she breathes.

I removed a large piece from each.

Inflammation at Knee-joint and Caries.

Jan. 18th, Samuel D., æt 44, a lunatic; fell in the summer of 1861 and injured the knee-joint. The injury was succeeded by an abscess, of which he is now complaining. The leg it flexed and the foot twisted outward. There are a dozen or more apertures above and below the joint, especially on the antero-external surface of the leg, communicating with each other, and some of them with the knee-joint; one is as high up as the middle of the thigh, the pus having gravitated from the knee, which, in its flexed position is the highest portion of the limb. The joint is almost entirely ankylosed, and the system is excessively irritable, from the suffering and the long confinement.

Pus had collected in several places; this was evacuated and the limb ordered to be kept at rest on a double-inclined plane, with a lotion of plumbi acet. and laudanum, and good diet given.

EDITORIAL DEPARTMENT.

Periscope.

The action of diseased Blood upon Blood Vessels.

In an article entitled the "Action of Medicines on the Blood Vessels" read before the Medical Society of the county of Kings, and published in the *Buffalo Medical and Surgical Journal*, Dr. R. CRESSON STILES relates the following experiments to prove that in the fevers the muscular tissue is directly affected by the blood-poison producing those results in the muscular system of the circulation comprehended under the term fever.

Portions of umbilical arteries from a cord just divided were dissected out and attached to ligatures. Blood was then drawn by cupping from a patient suffering from typhus fever. The blood was defibrinated and placed in one or more test-

tubes. Healthy blood was treated in the same manner, and the prepared portions of the umbilical artery were suspended in the diseased and in the healthy blood, and exposed for a given time to a temperature of 100° F. In each experiment, after an hours immersion it was easily recognizable which portions of artery had been suspended in the febrile and which in the healthy blood, by the *flaccidity, discoloration* and lack of vitality manifested by the former, and the healthy appearance and re-actions of the latter. L.

A New Circulation.

Dr. BENGE JONES, in a lecture recently delivered (says the *Boston Med. Journal*,) at the Royal Institution, says there are good grounds for believing that there exists within us, in addition to the mechanical or animal circulation of the blood, another and a greater and more strictly chemical circulation, closely resembling, if not identical with, that which obtains in the lower divisions of animals, and in vegetables. A circulation in which substances continually pass from the outside of the body into the blood, and through the blood into the textures, and from the textures either into the ducts, by which they again pass into the blood, or are thrown out of the body; or into the absorbents, by which they are again taken back into the blood, again to pass from it into the textures.—*Buffalo Med. and Surg. Jour.*

Reviews and Book Notices.

Materia Medica for the use of Students. By JOHN B. BIDDLE, M. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Member of the American Philosophical Society, Fellow of the College of Physicians, etc. etc. 8vo, Pp. 359, with Illustrations. Lindsay & Blakiston, Philadelphia, 1865. Price \$3.50.

The author of the volume before us is well known to the students of medicine by his *Review of Materia Medica*, published some years ago. A second edition having been called for, Prof. BIDDLE has revised and enlarged it, and arranged it so as to correspond with the last edition of the United States Pharmacopoeia. The work has been remodeled and in many parts rewritten, and we notice also, that numerous additions have been made to the list of articles treated of. The author does not design the work to take the place of the United States Dispensatory or the voluminous and systematic treatises of STILLE, WOOD, or DUNGLISON, but intends it to contain a succinct account of all the articles of the *Materia Medica*, in use in this country, and to furnish a suitable text book rather than a mere compendium to the course of lectures delivered by him upon the branch. Most of the imprtant and indigenous plants are represented by illustrations. The volume is gotten up with excellent taste, and reflects much credit upon the enterprising publishers who present it to the public.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 21, 1865.

THE "SOCIAL EVIL" AND THE MILITARY AUTHORITIES.

A few weeks since we published an extract from the correspondence of the *N. Y. Times*, detailing the manner in which the military authorities at Nashville had dealt with prostitution. After a fruitless attempt at suppression by the exportation of the lewd women, the evil was accepted as a fact, and systematized and directed by military authority. Strict and frequent examinations were instituted, hospitals for the diseased women were organized, and it is claimed that the former large number of cases of venereal disease in the western army was reduced to a very small figure.

A similar experiment is being tried in Mobile, as will appear from the following extract from an order from the headquarters of that district:

1. To mitigate the evils of prostitution, to prevent the increase of disease, and to provide proper medical attendance for such women as may be infected, it is ordered that a Hospital for the care of abandoned women be established, under the direction and control of the Medical Director of this city.

2. Such a system of registration and examination will be enforced as will lead to the detection of disease, and all the staff departments connected with these head-quarters will afford every assistance in their power to facilitate the execution of this order.

The sword not unfrequently cuts the knot over which wise and cautious minds have long labored. In this war, the military power in its enforcement of hygienic rules, has taught the civil authorities a lesson they well might heed, and it is appropos to inquire whether, as regards the subject under consideration, they have not inaugurated in this country a practice, which can with benefit be extended to our great cities.

It is true there is nothing new in this. It is simply the practice of licensing prostitution, and while thus giving it a legal existence, so guiding, guarding, and directing it as to prevent the spread of venereal disease. This is "suffering" one evil to exist under legal restrictions, in order to diminish another.

The very thought of legalizing such an horribly debauching vice is repugnant to all our moral feelings. It shocks all our sensibilities. But, looking at it, not from the stand-point of prejudice, but as physicians and philosophers, we may discuss the question whether, constituted as so-

ciety is, the evil would not be diminished, if the law should recognize and regulate it.

Drunkenness is a vice little less heinous than prostitution—indeed, the brothel and the grogery go hand in hand. *Morally*, we say both should be prohibited by law. *Practically*, we ask—can it be done with our present judicatory? The prohibitory liquor law in all large cities can be considered little less than a complete failure. Such, indeed, has recently been the testimony of a learned divine.

No law prohibitory of prostitution has, if enacted, ever proved, in this country at least, of any practical value. This vice does exist to an alarming extent. At every corner of the fashionable promenades of our large cities, the painted courtesan in her begraddled finery is lying in wait, while the light which, till long after midnight, streams from the crevices of the closed blinds of many a gorgeously furnished parlor, tells of the house which is described in Holy Writ as "the way to hell, going down to the chamber of death."

Our large hospitals teem with the results of illicit connection. Syphilis, in its horrible ravages, is poisoning thousands of the future, as well as of the present generations. Nor is it alone confined to hospital patients. Every practitioner sees it in private practice, in the best families oftentimes. The destruction of health, not to say life, with the misery it too frequently entails upon the innocent offspring of the syphilitic-tainted, is painfully familiar to every medical man.

The questions present themselves: Can we prevent prostitution? If we can, why, if not for our own generation, for the sake of the innocent sufferers, does not the strong arm of the law stay the curse? If it cannot be prohibited, is it not our duty to control it so as to prevent the spread of disease? Could not a thoroughly systematized and carefully conducted system of examinations, with hospitals for the diseased women, prevent to a great extent, the spread of the venereal poison? These are questions of vast practical import, which should be well considered by the profession and the people, and we propose them in order to elicit discussion, and through our profession, call the attention of our lawmakers to the subject. Medical men are frequently members of our State Legislatures, and perhaps the only hope of reaching concerted action in them is through their influence.

Quack Medicines.

Upwards of £55,333 has been paid during the past year for the government duty on quack medicines in England.

UNIVERSITY OF PENNSYLVANIA—CENTENNIAL.

The Medical Department of the University of Pennsylvania began its hundredth session last week. The centennial discourse was delivered at Concert Hall, on the 9th inst., by Professor JOSEPH CARSON, M. D., the senior active professor in the school. The address, which was a historical one, and very appropriate to the occasion, was listened to with marked attention and interest by a large audience of medical men, students, and other friends of the institution.

It was in 1765, on the 3d of May, that a medical department was engrafted on the College of Philadelphia, and a Professor of the Theory and Practice of Physic appointed in the person of Dr. JOHN MORGAN. At the collegiate commencement, which took place near the end of the month, the new professor used the following prophetic language: "Perhaps this medical institution, the first of its kind in America, though small in its beginning, may receive a constant accession of strength, and annually exert new vigor. It may collect a number of young persons, of more than ordinary ability, and so improve their knowledge as to spread its reputation to distant parts. By sending those abroad duly qualified, or by exciting an emulation among men of parts and literature, it may give birth to other useful institutions of a similar nature, or occasion the rise, by its example, of numerous societies of different kinds, calculated to spread the light of knowledge through the whole American continent, wherever inhabited."

On the 23d of September, Dr. WILLIAM SHIPPEN was appointed Dr. MORGAN's colleague, and the course of lectures was divided between them, Dr. SHIPPEN lecturing on anatomy, surgery, and midwifery, and Dr. MORGAN on all the remaining medical sciences, but with particular devotion to the theory and practice of medicine and *materia medica*. Dr. SHIPPEN began his course on the 14th, and Dr. MORGAN on the 15th of November, 1765.

Truly one hundred years has wrought a wonderful change in this mother of medical schools in America! Could Drs. MORGAN and SHIPPEN now stand before the classes that crowd the lecture-rooms of the University, with what wonder and astonishment would they be filled. The little one has almost literally become a thousand. The professorships have increased from two to seven, besides several lectureships on special branches of medicine and surgery. But the greatest change that has been wrought during this one hundred years is in the advancement of medical

knowledge, and in the means made use of for imparting that knowledge to the student.

We would be glad to give a resumé of the address of Dr. CARSON, but, we doubt not, it will be published shortly in full. On the platform were the Emeritus Professors, Drs. GIBSON, WOOD, JACKSON, and HODGE, names that will long live in the memory of hundreds of graduates of this venerable school. May her career in the next hundred years be as glorious as that of the past!

Notes and Comments.

"Medical Simony."

Under this title the *Dublin Medical Press* discourses editorially on the "Ballyclough investigation" case, where, as it seems, the Poor Committee allowed the purchase of the Dispensary at Ballyclough, with the salary incident to the position, to be sold by Dr. GROVES to Dr. HARRISON, long before the advertisement of the vacancy had been issued to the medical profession, constituting a flagrant act of simony. The investigation appears to have been conducted in a partial spirit, so that the case will probably be carried to a higher tribunal. Our excellent contemporary takes strong grounds against this system of "Medical Simony."

Epidemic Hospitals.

A valuable suggestion has been made by Mr. MEEKINS of the Rathdown Union, Loughlinstown, Ireland. He proposes the erection of sheds for the reception of cholera cases. The *Dublin Medical Press* says regarding it, that such a "measure should be promptly adopted in all places where the use of suitable buildings cannot be obtained; due attention being paid to convenience to the masses of the people, as to locality and other circumstances. We are the more persuaded of the benefit to be derived from such a course, considering the consequences which result from sick persons remaining as centres of disease, and obliged to crowd in a room which is used alike for cooking, work, and as the sleeping-room for the whole family."

No better measure could be adopted in our larger cities, in case of another cholera epidemic, than the removal of all the sick from the overcrowded districts of the poor, to temporary shed or tent-hospitals.

Announcements of Books.

HENRY C. LEA, of this city, successor to the late firm of LEA & BLANCHARD, announces the following works as shortly to appear:—

TAYLOR'S Principles and Practice of Medical Jurisprudence. From early sheets.

ASHTON on the Rectum. Revised edition.

WINSLOW on the Brain and Mind. Second American, from the third English edition.

PEREIRA'S Materia Medica and Therapeutics, condensed by FARRE.

FLINT'S Principles and Practice of Medicine.

TANNER'S Manual of Clinical Medicine. Revised edition.

Correspondence.

DOMESTIC.

Attempted Suicide with Strychnia.

EDITOR MED. AND SURGICAL REPORTER :

A few years ago, a young physician of New York city, (I forget his name,) committed suicide by opening the femoral artery, and then inhaling chloroform to render himself insensible to the probable sufferings of his last moments of earthly existence. I do not remember of having read or heard of any other instance of one of our profession committing an act of this kind; but a case of an attempt by a physician to destroy his life came under my observation about three weeks since in this city. As his recovery is a matter of astonishment to himself as it no doubt will be to others when they learn the facts of his case, I present a brief statement of the occurrence for publication in your valuable journal; but, for evident reasons, withhold the name and the causes which led to the unhappy act.

In the afternoon of Sept. —th, Dr. — went into one of the most respectable and popular drug stores in the city, and wrote the following prescription, and giving it to one of the principal clerks, waited for it to be put up, which was done in a few minutes.

R. Strychniz, gr. iv.
Sacch. alb., ʒi. M.

He told the druggist that he would divide it into the proper doses himself when he got home, and so had it put into a vial and labeled in accordance with the prescription. There was nothing in the Doctor's manner or appearance to indicate anything wrong in his purpose, and the gentlemanly and intelligent druggist had no idea but that it was all right to give him the poison in bulk. During that afternoon and evening he took several drinks of whiskey, and wrote letters to different persons respecting his suicidal act. About 11 o'clock, he went to his room, laid the letters on the table so that they might be seen by others, and then took a tumbler with about half

a gill of water, and poured the poison-dose into it, adding a large drink of whiskey, and stirring it with a tea-spoon until the medicine was all dissolved. He then swallowed the whole of it, and in five or six minutes after took another drink of whiskey. In the course of twenty minutes the effects became manifest, but not as he expected, as it was his intention, when he first thought of committing suicide, and started to the drug store to get the deadly article, to take *morphia*. But ere long after swallowing the fearful potation, he was convinced that he had taken *strychnia*, and knew what horrible sufferings would be the result before death could take place. The terrible spasms of the muscular system, the lightning-like jerks of the limbs, the "throat-latch grip," strangulation, and all the horrible phenomena attending a fatal dose of this medicine, are well known to medical men generally, and I will only remark on this point, that the Doctor went through the whole catalogue of the horrors and sufferings of a living death, and during the latter part of the night it seemed impossible that he could live. He was finally relieved by chloroform and morphia in solution, but the muscular spasms did not entirely cease until the afternoon of the next day, and the lameness or stiffness of the limbs and neck, and consequent debility of such an experience as he went through continued for several days. During all the long hours of his unspeakable suffering, through that night and the next day, and when it seemed impossible that he could live through another spasmodic shock, his mind was perfectly clear, and he was entirely resigned to his fate.

The people in the house became alarmed soon after the distressing symptoms of the poison were developed, and physicians were sent for, but none arrived until near three hours after he swallowed the dose. It therefore had every advantage of its destructive powers upon his life. Three weeks have passed, and he is now entirely well. Had the *whiskey* he drank any influence in preventing a fatal result?*

I can vouch for the facts as here stated, and will leave the subject for such remarks as you may think proper to make. I have been looking over CHRISTISON and TAYLOR on poisons, and they have records of fatal cases from much smaller doses than the Doctor took.

TRACY E. WALLER, M. D.

Philadelphia, Oct. 1865.

* Whiskey is probably responsible for the attempt at suicide, but very likely had also everything to do with the failure of the attempt.—ED. MED. AND SURG. REPORTER.

Pension Examining Surgeons.

The following appointments have been recently made:

New York.—Dr. WM. GULICK WATKINS, New York city.

Maryland.—Dr. W. M. WRIGHT, Baltimore.

Kentucky.—Dr. SAMUEL FORD, Newcastle; Dr. WILLIAM PHILLIPS, Mt. Sterling.

Illinois.—Dr. ISAAC H. REEDER, Lacon.

Wisconsin.—Dr. HENRY McKENNAN, Sauk city.

Iowa.—Dr. J. H. HODGE, Wauken; Dr. J. R. WARD, Evanstown.

MARRIED.

ARCHIBALD—WINDSHIP.—At Roxbury, Mass., Oct. 4th, by Rev. Dr. George Putnam, Mr. Edward Archibald, of Montreal, and Miss Fannie Vernon, daughter of the late Dr. Charles M. Windship, of B.

BARBOUR—SUTTON.—Oct. 1st, at the residence of the bride's mother, Amelia, Ohio, by Rev. John W. Fowble, Dr. N. J. Barbour, and Miss Eunie K. Sutton.

BREWER—MILLS.—At Ithaca, N. Y., October 4th, by the Rev. F. N. Zabriske, Dr. John W. Brewer, U. S. A., and Emma J., daughter of Surgeon Madison Mills, U. S. A.

BROWNLOW—CLIFFE.—October 3d, Brigadier-General James P. Brownlow, Adjutant-General of the State of Tennessee, and Miss Belle Cliffe, daughter of Dr. D. B. Cliffe, of Franklin, Tennessee; Governor W. G. Brownlow being the officiating minister on the occasion.

CATHCART—DURKEE.—In York, Pa., October 3d, by Rev. H. E. Niles, Dr. Thomas L. Cathcart, of Washington, D. C., and Lucy A., youngest daughter of the Hon. Daniel Durkee.

DIRICKSON—CUMMINS.—At Emorya, Del., on the 11th inst., Dr. James C. Dirickson, of Berlin, Worcester county, Md., and Eliza Blackiston, daughter of the late Daniel Cummins, of the former place.

HUNTER—STEWART.—In New York, on Wednesday, Sept. 27th, at the residence of the bride's father, by Rev. Dr. Irvine, assisted by Rev. J. B. Dunn, Dr. Alexander S. Hunter, and Eliza E. Stewart, eldest daughter of John Stewart, Esq.

LANNING—McDONALD.—At the residence of the bride's father, Philadelphia, on Wednesday, the 11th inst., by Rev. W. D. Siegfried, Dr. Henry L. Lanning, of Bridgeton, N. J., and Miss Agnes McDonald.

O'HARA—McCUNNEY.—On the 12th inst., in this city, by Rev. James O'Reilly, Michael O'Hara, M. D., and Frances, daughter of the late Richard McCunney, Esq., of this city.

OWENS—KEEVER.—At Mason, Ohio, Oct. 4th, by Rev. L. Clark, Dr. J. B. Owens, of Lebanon, Ohio, and Miss Mary M. Keever, of Mason, Ohio.

RANNEY—SAWYER.—At Somerville, Mass., October 2d, by Rev. Charles Lowe, Mark Ranney, M. D., Superintendent of the Insane Asylum, Mount Pleasant, Iowa, and Miss Martha W. Sawyer, of S.

SAVAGE—ADAMS.—At Stockbridge, Mass., October 5th, by Rev. Dr. Parker, Albert B. Savage, of Toronto, C. W., and Sarah Williams, daughter of Dr. L. S. Adams, of Stockbridge.

STEVENSON—HAMILTON.—At No. 987 St. Catherine's Street, Montreal, on Wednesday, Oct. 2d, by the bride's father, assisted by Rev. D. H. McVicar and Rev. E. J. Hamilton, William G. Stevenson, M. D., of Morristown, N. J., and Mary, third daughter of Rev. Wm. Hamilton, D. D.

WINCHELL—MITCHELL.—October 10th, at the residence of the bride's father, in Southbury, Conn., Alvered E. Winchell, M. D., and Mary, only daughter of Eliza Mitchell.

WOODRUFF—BUCKINGHAM.—October 5th, at the residence of the bride's father, by Rev. J. A. Bomberger, Mr. Caleb L. Woodruff and Miss Lydia A. Buckingham, only daughter of Dr. T. L. Buckingham, both of this city.

WURTS—WOOD.—In this city, on Tuesday morning, the 10th inst., at St. Luke's Church, by the Rev. Dr. Howe, Charles Stewart Wurts, M. D., and Mary S., daughter of Chas. S. Wood.

DIED.

BLACKWOOD.—Fell asleep in Jesus, on the 3d inst., after a lingering illness, John Blackwood, son of Dr. B. W. Blackwood, of Haddonfield, N. J., aged 22 years.

CHESTON.—In this city, on the 7th inst., Mrs. C. Louisa, widow of the late Elijah Cheston, M. D., and daughter of the late Smith Law, Esq., aged 34 years.

CONANT.—In New York, on Sunday, Oct. 8th, after a short but painful illness, David S. Conant, M. D., aged 40 years.

DUCACHET.—In Georgetown, D. C., Henry W. Ducachet, Jr., M. D., Surgeon-in-Chief of the garrison of Washington.

FERRIS.—In New York, suddenly, on Saturday, September 23d, Eliza H. Ferris, M. D., eldest son of O. L. Ferris, in the 53d year of his age.

MOON.—At Athens, Georgia, on the 4th inst., Mrs. Elizabeth

S. Moon, wife of R. D. Moon, M. D., and daughter of Major Thomas Stockton, deceased, late Governor of Delaware.

OLLIFFE.—In New York, on Saturday morning, Oct. 7th, Dr. William J. Olliffe.

SEELY.—In Louisville, Ky., on the 25th ult., of inflammation of the bowels, E. K. Seely, M. D.

OBITUARY.

Henry W. Ducachet, M. D.

Dr. HENRY W. DUCACHET, Jr., surgeon of volunteers, died in Georgetown, D. C., a day or two since, after a brief illness, of typhoid-pneumonia. The deceased was appointed at an early period of the war, a surgeon in the army, and for a long period was the medical officer in charge of the Officers' Hospital in Georgetown—a post he filled with great ability, and from which he was removed to occupy the more laborious and responsible station of Surgeon-in-Chief of the garrison of Washington. Dr. DUCACHET was the only child of the Rev. Dr. DUCACHET of this city.

Dr. John Forrest, C. B.

One of the most distinguished medical officers of the British army, Dr. JOHN FORREST, C. B., recently died at Bath, at the age of 61 years. Dr. FORREST entered the army as a hospital assistant toward the close of the year 1825, and early in the following year, by his diligence, became an assistant surgeon. For his services in Africa he had received the Kafir medal, and the medal and three clasps for the Crimea; also the fourth class of the Medjidie and the Turkish medal. In May, 1850, he was gazetted as surgeon-major; a deputy inspector general in May, 1854; and inspector-general in December, 1858. In 1856, in recognition of his valuable professional talents, he was made a companion of the Order of the Bath, and was subsequently made an honorary physician to her Majesty.

ANSWERS TO CORRESPONDENTS.

G. A. R., *Panama, S. America*—Tanner on Diseases of Children sent by Mail Oct. 11th.

A. M., *Mason, Ohio*—Pereira's Prescription Book, sent by Mail Oct. 11th.

E. A. O., *Tuscarawas, Ohio*—Pereira's Prescription Book, sent by Mail Oct. 11th.

F. L. K., *Alberton P. O., Canada West*—Neil & Smith's Compend, sent by Mail Oct. 11th.

J. W. B., *Almond, N. Y.*—Set of Surgical Instruments, sent by Express Oct. 13th; also Pereira's Prescription Book by Mail Oct. 11th.

S. Y., *Auburn, Maine*—Skeleton, sent by Express Oct. 2d. T. S. S., *New Boston, Ill.*—Artery forceps, sent by Mail October 12th.

M. R. Elmira, *N. Y.*—Pereira's Pocket Prescription Book, sent by Mail Oct. 14th.

METEOROLOGY.

	October	9,	10,	11,	12,	13,	14,	15.
Wind.....		W.	S. W.	S. W.	N.	N.	N. E.	
		Clear.	Clear.	Cl'dy.	Clear.	Cl'dy.	Cl'dy.	
Weather.....						White Frost.	Rain.	
Depth Rain.....							6-10	
Thermometer.								
Minimum.....	51°	55°	57°	55°	34°	36°	46°	
At 8 A. M.....	65	68	65	58	49	46	54	
At 12 M.....	69	76	71	59	52	56	56	
At 3 P. M.....	76	76	71	58	55	57	55	
Mean.....	63.75	68.75	66.	57.50	47.50	43.75	52.75	
Barometer.								
At 12 M.....	30.1	30.1	30.	30.	30.1	29.8	29.4	
Germantown, Pa.								B. J. LEEDOR.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

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" VI. Nos. 18, 19, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 4, 6, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.

" XII. Nos. 1, 6, 11, 12, 17, July 2, Sept. 10, Oct. 22, 29, '64 Feb. 4, '65.

" We are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.